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## CONTINUED PROSECUTION APPLICATION (CPA)

Submit an original, and a duplicate for fee processing. (Only for Continuation or Divisional applications under 37 CFR 1.53(d))

|   | CHECK BOX, | if applicable. |
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**Assistant Commissioner for Patents Box CPA** Washington, DC 20231

| Attorney Docket No. of Prior Application | 476-1737         |
|------------------------------------------|------------------|
| First Named Inventor                     | Gan              |
| Examiner Name                            | Sobutka C        |
| Group Art Unit                           | 2683             |
| Express Mail Label No.                   | EL 8740757778050 |

| P TRADENARRIE                                                                                                                                                                                                                                                                                                                                                                                                                                           | Express Mail Label No.                                                                                                                | EL 874075778EUS0                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| This is a request for a                                                                                                                                                                                                                                                                                                                                                                                                                                 | ional application under                                                                                                               | 37 CFR 1.53(d), ref 2001<br>6,087 ,                                                           |
| (continued prosecution application (CPA)) of prior applicati                                                                                                                                                                                                                                                                                                                                                                                            | on number 09 / 28                                                                                                                     | 6,087                                                                                         |
| filed on 04/02/99 , entitled HLR Data Migration                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       | ·                                                                                             |
| NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                               |
| FILING QUALIFICATIONS: The prior application identified above must defined by 37 CFR 1.51(b), or (2) the national stage of an international application 29, 2000, a CPA may only be filed in a utility or a plant application 2000. A CPA may be filed in a design application regardless of the fill Examination Practice changes to and Provisional Application Practice," Filed. Reg.14865 (Mar. 20, 2000), 1233 Off. Gaz. Pat. Office (Apr. 11, 200 | plication in compliance with 35<br>if the prior nonprovisional app<br>ing date of the prior applicati<br>nal Rule, 65 Fed. Reg. 50092 | U.S.C. 371. Effective<br>dication was filed before May 29,<br>on. See "Request for Continued" |
| C-I-P NOT PERMITTED: A continuation-in-part application cannot be file under 37 CFR 1.53(b).                                                                                                                                                                                                                                                                                                                                                            | d as a CPA under 37 CFR 1.5                                                                                                           | 53(d), but must be filed                                                                      |
| <b>EXPRESS ABANDONMENT OF PRIOR APPLICATION:</b> The filing of the as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be us application that is not to be abandoned.                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                               |
| ACCESS TO PRIOR APPLICATION: The filing of this CPA will be counder 35 U.S.C. 122 to the extent that any member of the public who copies of, or information concerning, the prior application may be given sind other application or applications in the file jacket.                                                                                                                                                                                   | is entitled under the provisior                                                                                                       | ns of 37 CFR 1.14 to access to,                                                               |
| 35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior applinance should be submitted. If a sentence referencing the prior application is the specific reference required by 35 U.S.C. 120 and to every application request, 37 CFR 1.78(a).                                                                                                                                                                                                      | is submitted, it will not be ente                                                                                                     | red. A request for a CPA                                                                      |
| WARNING: Information on this form may become be included on this form. Provide credit card info                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                               |
| Enter the unentered amendment previously filed on                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                                     |                                                                                               |
| under 37 CFR 1.116 in the prior nonprovisional app                                                                                                                                                                                                                                                                                                                                                                                                      | olication.                                                                                                                            |                                                                                               |
| 2. A preliminary amendment is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                       |                                                                                               |
| 3. This application is filed by fewer than all the inventors na                                                                                                                                                                                                                                                                                                                                                                                         | • • • • • • • • • • • • • • • • • • • •                                                                                               |                                                                                               |
| a. DELETE the following inventor(s) named in the p                                                                                                                                                                                                                                                                                                                                                                                                      | rior nonprovisional app                                                                                                               | viication:                                                                                    |
| <ul> <li>b.  The inventor(s) to be deleted are set forth on a set</li> <li>4.  A new power of attorney or authorization of agent (Find Information Disclosure Statement (IDS) is enclosed:</li> <li>a.  PTO-1449</li> </ul>                                                                                                                                                                                                                             | •                                                                                                                                     |                                                                                               |

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

12/19/2001 MGEBREN1 00000009 09286087

12/19/2001\_MGEBREN1\_0000009\_09286087

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|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| CLAIMS                                                               | (1) FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (2) NUMBER FILED                                                                                                                                                 | (3) NUMBER EXTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (4) RATE                      | (5) CALCULATIONS           |
| SPEN                                                                 | TOTAL CLAIMS<br>(37 CFR 1.16(c) or (j))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15 -20* =                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | x \$ 18 =                     | \$ \$0.00                  |
| DEC 1 0 2001                                                         | NDEPENDENT CLAIMS<br>37 CFR 1.16(b) or (i))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6 -3** =                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | x\$ 84 =                      | \$252.00                   |
|                                                                      | MULTIPLE DEPENDENT CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LAIMS (if applicable) (3                                                                                                                                         | 7 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | + \$ 280 =                    | \$280.00                   |
| TRADPAS                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BASIC FEE<br>(37 CFR 1.16)    | \$740.00                   |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                  | Total of at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oove Calculations =           | \$1,272.00                 |
|                                                                      | Reduction by 50% for filing by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | y small entity (Note 37 C                                                                                                                                        | CFR 1.27).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | \$0.00                     |
| -                                                                    | * Reissue claims in excess of<br>** Reissue independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  | ent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TOTAL =                       | \$1,272.00                 |
| c. Fe                                                                | es required under 37 C<br>es required under 37 C<br>eck in the amount of \$1<br>ent by credit card. For                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FR 1.18.<br>272.00 <u> </u>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                            |
| (not to<br>11. New<br>12. a. F                                       | D exceed 3 months) and Attorney Docket Number or application Attorney Docket Number Receipt For Facsimile To Return Receipt Postcard r:  The prior application's                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d the fee under 37 er, if desired umber will carryover to this ransmitted CPA (F I (Should be specifically scorrespondence a                                     | s CPA <u>unless</u> a new Attorney b<br>PTO/SB/29A)<br>vitemized, See MPEP 503)<br>address will carry ove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sed.<br>Docket Number has bee | months n provided herein.] |
| (not to 11. New [Pri 12. a. F 5. X F 13. Othe                        | Attorney Docket Number of application Attorney Docket Number of application Attorney Docket Number of Attorney Docket Numb | d the fee under 37 er, if desired_ umber will carryover to this ransmitted CPA (F d (Should be specifically s correspondence a spondence address                 | CFR 1.17(i) is enclosed on the second of the | sed.  Docket Number has bee   |                            |
| (not to 11. New [Pri 12. a.                                          | Attorney Docket Number of application Attorney Docket Number of application Attorney Docket Number of Attorney Docket Numb | d the fee under 37 er, if desired_ umber will carryover to this ransmitted CPA (F d (Should be specifically es correspondence a spondence address 4. NEW CORRESP | CFR 1.17(i) is enclosed of the control of the contr | r to this CPA                 | n provided herein.]        |
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26,935 12-10-01

Signature

Date

Registration No. (Attorney/Agent)